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New York

President:	Mr. Jayakumar	(Singapore)
Members:	Bangladesh	Mr. Chowdhury
	China	Mr. Shen Guofang
	Colombia	Mr. Valdivieso
	France	Mr. Levitte
	Ireland	Mr. Ryan
	Jamaica	Miss Durrant
	Mali	Mr. Ouane
	Mauritius	Mr. Neewoor
	Norway	Ms. Sydnes
	Russian Federation	Mr. Gatilov
	Tunisia	Mr. Ben Mustapha
	Ukraine	Mr. Kuchynski
	United Kingdom of Great Britain and Northern Ireland	Sir Jeremy Greenstock
	United States of America	Mr. Holbrooke

Agenda

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations.

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The meeting was resumed at 3.40 p.m.

Mr. Valdivieso (Colombia) (*spoke in Spanish*): I should like to thank the Under-Secretary-General for Peacekeeping Operations for his briefing on the implementation of resolution 1308 (2000) in relation to United Nations forces. I should also like to thank Dr. Piot for his informative and exhaustive briefing on how the various United Nations organizations, in cooperation with the World Bank, have responded to the devastating effects of the AIDS epidemic at the global level.

I should also like to express, through the representative of the United States, my gratitude to Ambassador Richard Holbrooke for his active efforts in encouraging the Security Council to deal with this matter. As this is his last meeting with us in the Council, I should like to wish him great success in his future endeavours.

For my delegation it is clear the world AIDS epidemic around the world is a phenomenon that requires the greatest efforts on the part of all nations, acting individually as well as collectively.

We are encouraged by the adoption, at the most recent session of the General Assembly, of resolution 55/13, through which it was decided to convene a special session in June of this year to deal with various aspects of this problem, including those linked to the peace and security of nations. We hope that the Assembly will continue to be the appropriate forum for dealing with this topic, in order to ensure that it receives the consideration it deserves from all of the States Members of the United Nations.

The global problem of AIDS is a daunting challenge for the authorities of many of our countries in the areas of public health, economic development and national security. Of all that has been said and written on this topic, my delegation is clear, at least, on the following aspects.

AIDS, having claimed 20 million lives so far, represents the greatest global epidemic the world has known since the appearance of the bubonic plague in Europe six centuries ago. Of the 36 million people who live with the disease today, two thirds of them live in sub-Saharan Africa, where 8 million of them are orphaned children.

The best strategy to fight the epidemic consists of national programmes aimed at preventing the spread of the disease, alleviating its effects on its victims, and access to low-cost medications, including a vaccine.

AIDS also poses a threat to economic development. A World Bank study estimates that thus far we have seen only 10 per cent of the potential manifestations of this disease and 10 per cent of the number of deaths. People with AIDS in developing countries will not have access to a vaccine or to low-cost medication for another 10 years. Indicators relating to productivity, family income and the training of human resources will also be broadly affected by this epidemic.

As a result, this situation requires political leadership on the part of Governments, action by the affected communities and a responsible attitude on the part of international pharmaceutical companies.

As concerns the impact of AIDS on peace and security, the Council clearly pointed in resolution 1308 (2000) of July last that an out-of-control epidemic could threaten the stability and security of countries, and adopted a series of measures within the scope of its jurisdiction.

Let us imagine an extreme and complex scenario resulting from the effects of AIDS. A town that is overwhelmed by the incidence of this disease and facing the collapse of its public health system decides to seek the assistance of the health authorities of a neighbouring country instead of passively awaiting its gradual destruction. Thus the humanitarian emergency is transferred to the neighbour, generating resistance among the local population, and there we have the beginning of a new conflict.

We realize, nevertheless, that this is an extreme scenario. What we are seeing today is that wars and armed conflicts help to spread the epidemic. Where there are armies on the march, camps overflowing with refugees and women who are sexually assaulted, the probability of spreading the disease increases.

In this respect, studies by non-governmental organizations carried out before and after the Rwanda genocide are revealing. The average rate of infection among refugees increased sixfold while they were in the camps.

The Council, acting within its jurisdiction, has repeatedly urged countries that provide troops to

peacekeeping operations to provide the necessary education and assistance to troops in the field. We are encouraged by what is being done by the Department of Peacekeeping Operations and what it will continue to do to strengthen such preventive actions.

My delegation is committed to the action begun by the Council and is in favour of continuing to consider at future meetings the potential repercussions of the AIDS phenomenon on various areas of international peace and security.

Mr. Ryan (Ireland): As noted earlier by my European Union colleagues Ambassadors Greenstock and Levitte, Sweden will speak a little later on behalf of the European Union. I wish to associate Ireland fully with the statement of the Swedish European Union presidency in advance. We would like to make the following points in our national capacity.

We welcome today's debate on HIV/AIDS, and we recognize the efforts of the United States and of Ambassador Richard Holbrooke in helping to inscribe this critical issue on the agenda of the Security Council. We commend the Department of Peacekeeping Operations and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for the cooperation framework just presented, which is an important follow-up to resolution 1308 (2000).

The analyses and the detailed action programmes which we heard earlier from Jean-Marie Guéhenno and Peter Piot reflect very clear, unblinking responses by the Department of Peacekeeping Operations and UNAIDS. I commend their frankness and the practicable character of their proposals, as well as the evident intensive cooperation between their departments.

The intensified cooperation envisaged at the Headquarters and field levels, encompassing military and civilian peacekeepers as well as humanitarian workers and vulnerable populations, will constitute a very important further step in the fight against the HIV/AIDS pandemic. We particularly welcome the proposal for extensive training for peacekeepers before, during and after their participation in missions, which has already been identified by the Special Committee on Peacekeeping Operations as one of the key factors in this area. We encourage Member States to support the efforts of the Department of Peacekeeping Operations in this regard.

I should like also to echo and to underline the important point made earlier by Jean-Marie Guéhenno that we need to move quickly to fully staff the Department of Peacekeeping Operations and, during the comprehensive review, to look at the staffing needs related to the crucial issues he covered today.

The Council has recognized that, in large areas of the world, HIV/AIDS poses a threat to international peace and security. Where this threat is most conspicuous, the Governments and peoples concerned are faced already with the huge challenges of forging national and regional development. Ireland is firmly convinced that in building international peace and security, the international community must recognize that no peace can be whole or secure if it is not underpinned by a sustainable process of economic and social development. Many different challenges flow from this assertion. Effective combat against, and reversal of, HIV/AIDS is one of them.

The problem of HIV/AIDS is an extremely complex one. It is abundantly clear that the success of the struggle against HIV/AIDS in developing countries depends on the implementation of policies and programmes that deal with the fundamental problems of global poverty and inequity. I would like to make some comments on what Ireland sees as the major challenges in combating this pandemic.

On a global scale, the impact of HIV on international development is similar to the impact of the HIV virus on human immunity; it is progressively weakening the fabric of societies and increasing their vulnerability to conflict and poverty. Though there is now genuine commitment on the part of many leaders to fighting the disease, it is a hard reality that the countries most affected by HIV/AIDS are those least able to afford the mobilization of a sustained, effective response.

There is no single other issue that presents such an enormous challenge to the attainment of the international development goals than HIV/AIDS. We know that low levels of development are associated with poverty, illiteracy, poor access to health services, gender inequality, economic migration and political instability. We know that these are the same factors that have greatly facilitated the spread of HIV in poorer countries. We know also that the existence of high rates of HIV/AIDS in communities leads to a reversal of development progress. In short, HIV/AIDS is both a

cause and a result of high levels of poverty and underdevelopment. The fight against HIV/AIDS will never be won unless it is situated within a comprehensive response which effectively addresses global poverty and disadvantage.

Despite the very considerable efforts to stop the halt of HIV/AIDS over the past decade, the number of people infected with the virus, particularly in countries where there are high rates of poverty and instability, continues to grow. Twenty years into this pandemic the international community is more aware of which interventions have succeeded in curtailing the spread of HIV and which have not. More than this, there is now a much greater understanding of which approaches to development aid have been found to be effective and which are inappropriate or are no longer valid. One clear message has been learned, however, and that is that complex development problems are not amenable to quick-fix, vertical-type interventions.

There is a very real sense that HIV/AIDS has transformed the development agenda. The global spread of HIV/AIDS has highlighted the inadequacies and failures of the international development effort to date. Ireland believes that there is no single issue that provides a more compelling reason for strengthening our commitment, including the financial commitment of the donor community, to international development cooperation than the global HIV/AIDS crisis.

Ireland has developed a specific HIV/AIDS strategy for our national programme of development cooperation. HIV/AIDS is now a core issue cutting right across all development programmes supported by the Irish Government. The commitment by our Government to reaching the United Nations target of 0.7 per cent of GNP to be spent on official development assistance (ODA) by the year 2007 provides us with an opportunity to advocate and to provide substantial additional financial support to address this huge global challenge.

There is a need for the international community to assist poorer countries in providing care and support for people infected with the HIV virus. In particular, we must redouble our efforts in conjunction with the relevant United Nations bodies, in addition to DPKO and UNAIDS, industry and other relevant organizations, to address the complex issues of access to medicines in developing countries and overcoming the obstacles in that regard. We need clarity about issues such as tiered pricing, compulsory licensing, parallel imports and the rights and obligations of both patent holders and signatories to international patent protection agreements.

We hope that all of these issues will be addressed in the forthcoming special session of the General Assembly on HIV/AIDS next June. We welcome the proposal that one of the round tables scheduled as part of the special session should include a discussion on HIV/AIDS as a security issue. We look forward to participating in the preparatory process and in the special session itself, which, hopefully, will secure a full global commitment to fight the pandemic.

I heard, and share fully, Richard Holbrooke's conviction that resolution 1308 (2000) should become one of those watershed resolutions in the history of the United Nations thus far.

Prime Minister Meles of Ethiopia, in his address to the HIV/AIDS meeting organized by the African Development Forum in Addis Ababa last month, stated that "the struggle against HIV/AIDS is a struggle for the future of the African continent". Our presence here today demonstrates a very clear affirmation of Mr. Meles' statement and recognizes also that HIV/AIDS is a major development crisis not just for Africa but for the global community. We also recognize that the only solution will be a global one involving sustained coordination and cooperation by us all.

Finally, I join other speakers in bidding *au revoir* soon to our colleague, New Yorker and man of the world, Richard Holbrooke. I would be grateful if his colleagues could convey this message to him.

Mr. Kuchynski (Ukraine): I would like to thank you, Mr. President, for presiding over today's meeting on the question of particular importance for the entire United Nations membership, and for my delegation in particular. I want also to welcome the Minister of International Development of Norway, who spoke today. I would like to join other speakers in expressing our appreciation for the briefings by Mr. Jean-Marie Guéhenno and Dr. Peter Piot and for their information on the implementation of the Security Council resolution 1308 (2000) and on the steps undertaken within the framework of the United Nations system and worldwide to address the problem of HIV/AIDS.

We regard this meeting as an important review stage in the ongoing work in the United Nations in this

field. A year has passed since the Security Council held its first open discussion on the issue of HIV/AIDS. Now there is a need to assess how much has been done and how effectively the bodies and agencies of the United Nations system have worked in carrying out the tasks entrusted to them.

Today, one can hardly dispute the fact that the problem of AIDS has become one of the key issues on the agenda of the United Nations, as well as of the work of many other international and regional organizations. The representatives of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Department of Peacekeeping Operations (DPKO) have provided us with detailed information regarding these developments and the efforts that are being undertaken within their respective agencies.

I want to join my colleagues in paying tribute to Ambassador Holbrooke, specifically for his outstanding role and his tremendous efforts in promoting the effective consideration of the issue of HIV/AIDS in the United Nations and in the Security Council. Undoubtedly, the issue of HIV/AIDS on the Council's agenda will remain as one of the most important accomplishments in Ambassador's Holbrooke rich United Nations diplomatic heritage. We are thankful to him and wish him every success in his future endeavours.

On the whole, we consider that the past year was rather productive and demonstrated significant progress in tackling the problem of HIV/AIDS. I wish, in this connection, to address such an important aspect as coordination within the United Nations. We have heard quite often the criticism regarding the absence of effective coordination between various bodies of the United Nations system — in particular DPKO and UNAIDS, field missions and Headquarters — and we should recognize that a substantial part of that criticism was justified. Still, we see that the situation in this area is improving.

Today's signing, as we have just heard from Dr. Peter Piot, of a cooperation framework agreement between UNAIDS and DPKO is, of course, a welcome development. We hope that the adequate implementation of this document will also strengthen the effective realization of Security Council resolution 1308 (2000) and improve the capacity of peacekeepers to become advocates of and actors for the awareness and prevention of HIV transmission. I cannot but agree that it is incumbent on the United Nations to set the highest possible standards for the conduct of troops deployed under its flag, and we welcome further efforts by the Department of Peacekeeping Operations and UNAIDS in fulfilling this task.

At the same time, it should be pointed out that awareness-raising and prevention of HIV/AIDS is not only the task of these two bodies. All other sectors and United Nations bodies dealing with the problem should be involved in this work. My delegation is convinced that the key role and responsibility for coordinating these efforts lies within the General Assembly. The delegation of Ukraine made every effort to advance the idea of convening a special session on the problem of AIDS, which is expected to elaborate a comprehensive agenda for mutual action against the pandemic and to become a coordinator of further efforts of the United Nations and the world community in this direction.

I would also like to commend the work done by the Department of Peacekeeping Operations during the past six months in implementing resolution 1308 (2000). Taking into account the significant constraints, including the absence of adequate resources and staffing, the Department of Peacekeeping Operations has managed to accomplish most of what could be realistically expected of it. We are grateful for that, and we hope that its work in this field will continue to improve.

The success of our undertaking should be measured by the results achieved. Unfortunately, as we have just been informed by Dr. Peter Piot, despite all the efforts made, the HIV pandemic continues to advance. During the past year alone over 5 million people were infected with HIV worldwide and 3 million people died of AIDS — more annual deaths than ever before. These facts confirm that the scourge of HIV/AIDS will continue to be a serious challenge for humankind for many years to come. The results of the work, which is being undertaken on a large scale, will not be seen immediately. That is why it is critically important to accelerate the coordinated efforts of the international community in fighting the disease. Let me echo what has been said by a number of speakers before me: we need real commitments to accomplish what we are aiming at, and only when those commitments become a reality will we be able to respond adequately to this epidemic.

Mr. Neewoor (Mauritius): We thank you, honourable Minister, for presiding over this important meeting today. We also welcome the Minister of International Development of Norway and thank her for her participation in the discussion today.

We wish to thank Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations, and Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their important briefings this morning.

The open meeting of the Security Council today on the theme "The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations" is a timely event, in our view, for two distinct reasons. First, the AIDS pandemic continues to take a heavy toll of human lives daily across the world, leaving in its wake destitution and despair in millions of homes. The HIV/AIDS tragedy has afflicted the African continent more severely than anywhere else. Communities have been wiped out wholesale; valuable human resources so essential for the social and economic development of nations have fallen victim, leaving behind voids not easy to fill. I can only reiterate what has been said on so many occasions before — that African Governments need a much larger measure of international support and assistance as they grapple relentlessly with the deadly AIDS pandemic with their limited resources.

In July last year the Security Council adopted resolution 1308 (2000), in which the impact of HIV/AIDS on societies and nations was brought into focus, and several measures have been recommended to be taken by relevant United Nations agencies and at national levels aimed at containing the pandemic. It also addresses the risk factor for men and women deployed in United Nations peacekeeping operations. We commend all the efforts undertaken by the Department of Peacekeeping Operations in creating awareness among its personnel on the seriousness of the issue. However, these efforts need to be further intensified, as well as complemented by the initiatives of the troop-contributing countries to better prepare their troops by training them in and informing them on the preventive measures necessary in the field.

More importantly, the resolution recognizes for the first time that HIV/AIDS has impacts on the stability and security of nations and societies. The work carried out by the Department of Peacekeeping Operations and the Medical Support Unit in tandem has been most encouraging not only from a training point of view, but as a joint effort to act as a facilitator in testing and counselling individuals affected by the virus. Obviously, we know that there remains a great deal to do, as mentioned both by Mr. Guéhenno and Dr. Piot today.

The second reason why we regard today's open meeting of the Security Council, devoted to the AIDS issue, as timely is that it is an opportunity for us to express our appreciation and thanks to Ambassador Richard Holbrooke, on this day when he completes his tenure as Permanent Representative, not only for his initiative of placing the HIV/AIDS question on the Security Council agenda for the first time in January 2000, during the United States Council presidency, but also for the impetus he provided, under which President Clinton, Vice-President Al Gore and the United States Congress came forward to commit substantial new funds to help fight HIV/AIDS. In this regard, we recall particularly the order signed by President Clinton last year to encourage the United States pharmaceutical industry to bring down the costs of medicine for treatment of HIV/AIDS sold in Africa.

Ambassador Holbrooke undoubtedly has made a significant contribution to raising awareness about HIV/AIDS through his action at the United Nations. We thank him warmly as we wish him well in his future endeavours. We thank him, finally, for having been a good friend of Africa and my country during his tenure and for his very frank and candid statement in this Chamber this morning, covering a host of very important issues of concern to the international community.

Fortunately, there are drugs today that help in the treatment of HIV/AIDS, and the use of such drugs has already brought about a marked decline in the incidence of AIDS in the industrialized nations. The initiative President Clinton has taken to help bring down the costs of drugs in Africa for HIV/AIDS treatment may not necessarily make the drugs cheap enough and affordable for all in the near future, but it is an important step in that direction. Similar initiatives need to be taken to cover all developing nations and, more importantly, to ensure access by all HIV victims to life-saving medication at reasonable costs. We also believe that international financial institutions that have the resources at their disposal need to do a lot

more, in concert with the United Nations system, in the global battle against HIV/AIDS.

The President: The next speaker is the representative of Canada. I invite him to take a seat at the Council table and to make his statement.

Mr. Heinbecker (Canada) (*spoke in French*): Canada is pleased that the Security Council is once again addressing the important issue of HIV/AIDS. We are grateful for the briefings provided by Dr. Piot and Under-Secretary-General Guéhenno on the ongoing efforts across the United Nations system and on the efforts, pursuant to Security Council resolution 1308 (2000), within the Department of Peacekeeping Operations, to deal with the tragedy of AIDS.

We would like to take this opportunity to congratulate Mr. Guéhenno and the Department of Peacekeeping Operations for the efforts they have made, with resources that remain too limited, to enhance training for Blue Helmets, both in general and regarding HIV/AIDS prevention in particular. We also wish to encourage them to go further in their endeavours.

(*spoke in English*)

In last year's Council consultations on resolution 1308 (2000), led by Ambassador Holbrooke, Canada particularly welcomed the early engagement of troop contributors in the process, because HIV/AIDS in the context of peacekeeping is a matter that affects them directly. At that time we recommended that this process be a model for future Security Council consultations, and underscored our belief that the views of troop contributors should be given particular weight on issues such as HIV/AIDS.

We would therefore like to suggest now, in line with the important open debate on strengthening cooperation with troop contributors, held earlier this week, that the Department of Peacekeeping Operations and UNAIDS meet soon with troop contributors to assess the progress made in undertaking the requirements of resolution 1308 (2000).

At the same time, let us take care not to demonize peacekeepers. Every aspect of HIV/AIDS is important and needs to be addressed effectively, but I trust that no one here believes that peacekeepers are at the heart of this problem. HIV/AIDS is, nonetheless, as Ambassador Holbrooke so well demonstrated in his remarks this morning, a very serious security challenge.

During our recently ended tenure on the Council, Canada consistently argued that the Council must broaden its definition of security to include non-traditional threats, particularly those that affect human security. As we stated exactly a year ago in this Chamber, there is no question that the HIV/AIDS pandemic has reached proportions that pose a clear threat to stability and development.

Like others, we wish to express our appreciation for the work of Ambassador Richard Holbrooke, who brought such commitment, determination and humanitarian energy to this crucial issue.

No region of the world is unaffected by the HIV/AIDS pandemic, nor can any region be complacent. This morning Under-Secretary-General Guéhenno and Executive Director Piot discussed the truly shocking statistics on this issue. Those numbers are seared into the minds of everyone in this Chamber. They tell of devastation with long-term consequences potentially the equal of conflict and war; indeed, left unattended, these consequences can lead to State failure.

There are fortunately, however, some bright spots with regard to the international community's response to HIV/AIDS. We would be remiss if we did not recognize efforts made by many countries to address this issue through the adoption of comprehensive national strategies, integrating prevention, treatment, support and human rights, and aimed at all segments of society.

No country is spared this problem. In Canada, we are currently implementing our own national strategy, and we urge all countries that may not have done so to put into place their own strategies. While there is clearly an important role for the international community to play in assisting this process, it cannot succeed in the absence of national efforts.

But the international community does have a major responsibility. For this reason, Canada is quadrupling its spending for international efforts in the fight against HIV/AIDS, for a total investment of approximately $270 million Canadian dollars, which is about US$ 170 million, over the next five years. This increase in funding underlines our recognition of the

magnitude of the crisis and our determination to do our share.

Beyond additional funding by the international community is the fact that there has been a turning point in the fight against HIV/AIDS. HIV/AIDS is now firmly on the international political agenda. And the first step in solving a problem is acknowledging that one has one. Thanks to Ambassador Holbrooke's work, the Security Council has taken that step.

We look forward to concrete results being achieved this summer at the June special session on HIV/AIDS. The AIDS pandemic poses a fundamental challenge to human security and, above all, to our humanity. It is a challenge that we can and must meet.

The President: The next speaker is the representative of Sweden. I invite him to take a seat at the Council table and to make his statement.

Mr. Norström (Sweden): Thank you for the opportunity to address the Council today.

First of all, since Ambassador Holbrooke is not here, I would like to ask the American delegation to convey to him the European Union's warm thanks for his contributions in putting the HIV/AIDS issue high on our agenda, as well as for his dedication and efforts in highlighting the problems of Africa and for all the other issues he has put his heart into. We wish Ambassador Holbrooke the best of luck in all of his future endeavours.

I have the honour to speak on behalf of the European Union. The Central and Eastern European countries associated with the European Union — Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia — and the associated countries Cyprus, Malta and Turkey, as well as the European Free Trade Association countries members of the European Economic Area — Iceland and Liechtenstein — align themselves with this statement.

The European Union is very pleased to participate in this meeting today on the subject of HIV/AIDS and the follow-up to resolution 1308 (2000), and welcomes in particular the efforts by the United States and by Ambassador Holbrooke personally.

We participated in the Security Council debate led by the Vice-President of the United States, Mr. Al Gore, a year ago. We also supported resolution 1308 (2000), which was adopted by the Council in July last year. The Council is today once more sending a strong message that HIV/AIDS is a global crisis that, if unchecked, may threaten international peace and human security. The European Union fully endorses this message. The Union also recognizes the evolution of the HIV/AIDS epidemic from a health crisis to a severe development crisis and a potential security risk.

Attempting to describe the long-term effects of the HIV/AIDS crisis is beyond the scope of a statement like the one I am making today. The epidemic causes tremendous human suffering, especially in those developing countries that lack sufficient resources for treatment, care and support. HIV/AIDS is also destabilising entire societies through systemic damage, threatening development itself.

The spread of HIV/AIDS is alarming. The latest update published by the Joint United Nations Programme on HIV/AIDS (UNAIDS), in December last year, states that in the year 2000, 5.3 million people were infected with HIV. The number of people living with HIV/AIDS in the world today is 36.1 million. These numbers are 50 per cent higher than the predictions made by the World Health Organization in 1991. However, we must recall that it is possible to do something to stop the spread. The critical situation is an urgent call to implement the plans of actions regarding HIV/AIDS that already exist.

The European Union recognizes that there is a vicious circle involving AIDS, poverty and armed conflict. Movements of people resulting from conflict fuel the spread of HIV/AIDS, but the epidemic itself also causes social and economic crises that can threaten stability and security. The Security Council clearly has a role here. Fighting the spread of HIV/AIDS is directly linked to preventing armed conflict.

Resolution 1308 (2000) addresses peacekeepers' health and the danger of spreading the disease, but also their advocacy role as promoters of responsible behaviour. The European Union is convinced that peacekeepers can contribute to the work of prevention. Furthermore, we welcome the ongoing discussions in the United Nations system on the ways in which conflict and humanitarian situations sometimes bring about an elevated risk of HIV transmission for refugees and host communities, as well as for the personnel of

the United Nations and non-governmental organizations.

National Governments carry the prime responsibility to make sure that peacekeepers are adequately trained and educated. Moreover, the European Union considers national strategies as crucial to coping with HIV/AIDS and encourages the development of long-term national strategies. Those national strategies should include education, prevention, voluntary and confidential testing, and counselling. Increased cooperation among Member States is imperative. The United Nations should support the creation of national HIV/AIDS programmes wherever such are not already in place.

The European Union strongly supports the coordinating work of UNAIDS and urges all United Nations bodies to cooperate fully and at all levels with UNAIDS. The entire United Nations system must act on a global scale and in a holistic manner.

The European Union commends UNAIDS and Department of Peacekeeping Operations (DPKO) for their efforts in the area of HIV/AIDS and peacekeeping. The cooperation framework presented to the Council today is an important step forward and constitutes a clear result of resolution 1308 (2000). Intensified coordination in the area of HIV/AIDS at both Headquarters and the field mission level is of utmost importance to fighting the epidemic and reducing its spread. The international community bears a responsibility to fight this epidemic that knows no borders.

The European Union notes with satisfaction the broad approach taken by UNAIDS and DPKO by addressing military and civilian peacekeeping personnel as well as humanitarian workers and vulnerable populations. We also welcome the wide range of areas of cooperation and the emphasis on a multisectoral approach in the proposed framework.

The European Union wishes to express its firm commitment to the preparation for and holding of the General Assembly special session on HIV/AIDS this June. The special session will provide an excellent opportunity to talk frankly and in depth about HIV/AIDS in a broad perspective, notably together with representatives of civil society. We are pleased to have on the agenda such issues as prevention and care, the long-term consequences of the epidemic, the situation of individuals and how the international community should move forward.

It has been proposed that one of the round tables to take place during the special session should be devoted to a discussion of HIV/AIDS as a security issue. Today's important debate, as well as earlier work done by the Security Council on this topic, will provide an essential input for our deliberations in June.

The President: The next speaker inscribed on my list is the representative of Costa Rica. I invite him to take a seat at the Council table and to make his statement.

Mr. Niehaus (Costa Rica) (*spoke in Spanish*): Allow me, first of all, to congratulate you, Mr. President, and, through you Singapore, for your well-deserved election to the Security Council. We are convinced that your country will faithfully represent in this body the interests of the smallest members of the international community.

I would also like to congratulate the representatives of Ireland, Colombia, Norway and Mauritius on their joining the Council. It is now for them to be standard bearers for the interests and will of the other members of the Organization so as to make this body a more effective, democratic and legitimate organ.

I would also like to thank the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, for the briefing he made at the beginning of the meeting.

The AIDS epidemic has become a catastrophe of vast proportions. As we have heard, today over 36 million people live with the HIV virus, while over 3 million persons died of AIDS in the year 2000. The crisis is most acute in sub-Saharan Africa. Over 25.3 million people in Africa carry the HIV virus, in a continent which is home to 70 per cent of the world's adult HIV infections and 80 per cent of child infections. Africa is also home to the majority of both children made orphans and older persons made destitute by the disease.

Although the human and social effects of AIDS in Africa are incalculable, the economic effects are, on the other hand, horribly clear. The epidemic will dramatically reduce the annual economic growth of sub-Saharan countries, and it is estimated that by 2010 those losses will exceed $22 billion.

We also cannot forget the more than 2 million persons who suffer from this infection in Latin America and the Caribbean. My continent has also been a victim of the devastating effects of the epidemic, on both the personal and the social levels.

Controlling this disease requires firm and clear measures. High-risk behaviours should be avoided at all costs. Although in some extreme cases measures such as distributing hypodermic needles and condoms can be taken to reduce the level of risk, those measures are not enough; they inevitably entail a margin of error and their success is dependant on careful and continuous use. Reducing risk is not enough; it must be eliminated.

A long-term AIDS prevention strategy must promote the widespread adoption of safe practices. We must promote social standards and values that encourage responsible behaviour and the rejection of the use of intravenous drugs as well as of casual and risky sexual relations.

A comprehensive strategy to deal with the scourge of AIDS requires, in addition to the adoption of health programmes to provide medical and psychological assistance to the sick and those who are infected, as well as programmes to meet the basic needs of vulnerable orphans and elderly people. The human aspect of the crisis is enormous, and requires extensive political and financial investment in programmes designed to assist the neediest populations. At the same time, we must guarantee that the best medicines are readily accessible to the ill in developing countries.

Considering the problem of AIDS in relation to United Nations peacekeeping personnel, the Security Council is faced with a worrisome problem. Could it be that some United Nations personnel are carriers of the HIV virus and thus, through their behaviour, endanger the health of civilians in the field? That would be unacceptable. Could it be that United Nations personnel are at risk of contracting the HIV virus by engaging in risky practices with the civilian population? That situation would be equally unacceptable. My delegation trusts that such situations will not arise.

The behaviour of United Nations personnel should always be beyond reproach. We cannot allow United Nations personnel to have casual relations with the local population, putting civilians and themselves at risk of infection. We trust that the troop-contributing countries, as well as the Secretariat, will take the appropriate disciplinary and health measures to prevent such situations from occurring.

Because of the judicious division of powers and functions that the founders of the United Nations incorporated into the Charter, the Security Council's competency in the area of AIDS and the HIV virus is severely limited. It is for the General Assembly to study and coordinate, in a comprehensive manner, efforts to combat this epidemic. It is for the Economic and Social Council to assess and deal with the social and developmental effects of the disease. That is why my delegation is looking with keen interest to the special session of the General Assembly on AIDS, which will be held in June this year. We trust that that meeting will provide a new impetus to the fight against this disease.

Finally, I should like to take this opportunity to congratulate Ambassador Richard Holbrooke and wish him every success. I can assure him that his innovative approach, character and special style will not be forgotten in this Chamber.

The President: The next speaker inscribed on my list is the representative of Nigeria. I invite him to take a seat at the Council table and to make his statement.

Mr. Mbanefo (Nigeria): As we bid farewell to our colleague Ambassador Holbrooke, it is only fitting to recognize that under his visionary and informed leadership, the HIV/AIDS pandemic, hitherto seen as a social and health issue, was for the first time considered by the Security Council as constituting an international security problem.

It will be recalled that in January 2000 the Security Council convened a meeting, under the agenda item "The situation in Africa", on the impact of AIDS on security, over which Vice-President Al Gore of the United States of America presided. That momentous occasion — the first of its kind in the Security Council — attracted a broad spectrum of stakeholders concerned with the HIV pandemic, which has become not only a developmental problem, but also an international security issue. This was followed by a meeting, held in the Council in July, on the impact of HIV/AIDS on international peace and security. Resolution 1308 (2000), adopted by the Council at that meeting, brought attention to the devastating effect of the HIV pandemic and its threat to peace and security,

particularly its effect on United Nations peacekeeping operations.

One year later, a number of activities have taken place at the national, regional and international levels, aimed at bringing the international community together to develop coherent and concerted plans and strategies aimed at controlling the scourge. One such forum is the special session of the General Assembly on HIV/AIDS, scheduled to take place in June 2001.

The HIV/AIDS pandemic constitutes the most immediate challenge to humanity and to the security and stability of our world. Today, HIV/AIDS is the fourth leading cause of death worldwide, with the toll rising every day. A total of 21.8 million people around the world are believed to have died of AIDS, 4.3 million of them children. According to figures from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), 36.1 million people are now living with the HIV virus, while 5.3 million were infected with the disease last year. The figure is estimated to reach 40 million before the end of the decade. Among those infected have been soldiers and civilian personnel who participated in various United Nations peacekeeping operations.

Beyond the human suffering and misery caused by the pandemic, it is now widely acknowledged that HIV/AIDS has evolved into a developmental problem. Governments in developing countries, struggling with a lingering external debt problem, are forced to allocate a disproportionate part of their meagre resources to the health sector. Yet the disease strikes the most productive age groups — from 15 to 49 years old — thus causing massive losses in production and, indeed, disruption in vital sectors of the economy. The challenge before us, therefore, is how to strengthen the capacities of developing countries, which are the hardest hit, by providing adequate resources to translate the quantum of existing political will into action for the eradication of the disease. That we must do urgently.

It is very important, in the discourse on the global impact of HIV/AIDS in different regions of the world, to recognize that the African continent continues to experience the most devastating effects of the disease. According to a United Nations report, some 16.4 million Africans have already died from the disease, while another 25.3 million are now living with the HIV virus. The pandemic poses an unprecedented threat to the region's development. Its hard-won developmental progress is therefore under real threat of reversal as a result of the scourge.

In Nigeria, preparations for the African summit on HIV/AIDS are at an advanced stage. This week, a consensus workshop aimed at the development of a Nigerian national vaccine strategy took place, addressed by a cross-section of stakeholders. Nigeria is the first country with a very large population to cross the 5 per cent prevalence rate, which is the threshold of an explosive epidemic. This frightening figure has made it imperative for Nigeria to explore all possible means to prevent the further spread of the virus. My President, Chief Olusegun Obasanjo, has declared personal leadership of the campaign against HIV/AIDS in Nigeria, and policies have been reviewed to ensure a favourable environment for AIDS control. The Government has also allocated additional funds to the national AIDS programme, and intensive media campaigns continue throughout the country. Local and international non-governmental organizations are also very active in the campaign against HIV/AIDS.

The frontiers of previous efforts at the regional level were further expanded through the bold initiative taken at the Organization of African Unity (OAU) Summit in Lomé last July. In spite of the lack of resources, African leaders at that Summit demonstrated a firm commitment to confront the pandemic. At the continental level, programmes have been put in place to reverse the spread of HIV/AIDS through advocacy, education and prevention. African leaders adopted the Lomé Declaration on HIV/AIDS, which was an expression of Africa's commitment, at the highest political level, to rid the continent of the disease. We strongly believe that this African initiative merits the support of the international community to enable Africa to address the HIV/AIDS pandemic in all its ramifications.

The enormity of the HIV/AIDS pandemic as a global developmental crisis and the important role of international efforts in finding a solution are some of the reasons for the planned special session of the General Assembly, scheduled for June this year. My delegation welcomes this global initiative. The special session, in the view of the Nigerian delegation, will provide an appropriate forum for the evaluation of the various programmes of action the world has so far been engaged in. We also hope it will generate the appropriate political commitment at the highest levels

and strengthen international cooperation and coordination.

In this connection, the pronouncements of world leaders at the Millennium Summit, as contained in the Millennium Declaration, provide the requisite reference point. In that Declaration, our leaders resolved to halt and reverse the trend of HIV/AIDS and halve the number of people living with the disease by 2015. This provides the forthcoming special session of the General Assembly with a framework for the development of its ultimate objectives — hence the necessity for the identification of priority areas for intensified action. This should include such areas as prevention, better access to care and treatment, and an increased level of national resource allocation, which is needed for addressing the problem in a holistic manner.

In view of the obvious implications the spread of HIV/AIDS has for peacekeeping operations, my delegation is of the opinion that the Department of Peacekeeping Operations should embark on a massive information campaign to educate United Nations peacekeepers on the HIV/AIDS pandemic before they are deployed in the field. This recommendation has been made several times by the United Nations Special Committee on Peacekeeping Operations. Indeed, the United States delegation had openly threatened, in the Security Council, to veto any Security Council peacekeeping mandate that did not provide for such a programme, and we support that position.

Furthermore, we wish to suggest that troop-contributing countries should be equally assisted with information materials for their troops, and also assisted with resources to enable their countries to provide adequate medical facilities for their infected soldiers who served as United Nations peacekeepers, upon termination of their service.

It would also be appreciated if the Secretariat and the Security Council, during their consultation with troop-contributing countries, could provide data on the prevalence of HIV/AIDS in a particular field of operation, before the troops are deployed. This would facilitate the taking of preventive measures by troop-contributing countries before the departure of their troops.

At this juncture, let me pay tribute to Mr. Jean-Marie Guéhenno and Dr. Peter Piot for their insightful briefings this morning. We are happy to note the commencement of cooperation between the Department of Peacekeeping Operations and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in their efforts to contain the spread of the HIV/AIDS pandemic among United Nations peacekeepers.

During this period of unprecedented knowledge and general development in medical science in the world, we are convinced that the problems posed by this disease can be successfully solved. In this regard we must, first, open a new chapter in human history by jointly fashioning an appropriate solution to this devastating epidemic; and secondly, intensify international cooperation and mobilize all segments of society, including the private companies, which have made some breakthroughs on certain drugs, to provide such drugs at concessionary rates to the developing countries.

In conclusion, let me say that there can be no better farewell tribute to our friend Ambassador Richard Holbrooke, through whose initiative the narrow definition of security within the Security Council was expanded to include the threat of HIV/AIDS to global security. He brought the subject to the front burner, albeit in terms of an African problem. We know today that it is no longer an African problem but a world problem, as its impact is being felt even in the United States, as it is in all other parts of the world. We would like to commend his courage and the foresight of his colleagues in accepting his viewpoint at the time. In his honour, this effort must be kept alive until the war against HIV/AIDS is won.

The President: The next speaker inscribed on my list is the representative of India. I invite him to take a seat at the Council table and to make his statement.

Mr. Sharma (India): I see you, Mr. President, and members of the Council looking at me with some alarm, but I speak on the trochaic principle: the short follows the long. We are happy that you have been detained for a day to preside over this Council meeting. We gain by your presence, as we did from that of the Minister of International Development of Norway, Ms. Ann Kristin Sydnes.

In resolution 1308 (2000), the Council, bearing in mind its primary responsibility for the maintenance of international peace and security, stressed that HIV/AIDS, if unchecked, may pose a threat to stability and security. We have tried to follow the Council's reasoning, because AIDS is not, and has not been, a cause of conflict; no country has gone to war because

of AIDS. Resolution 1308 (2000), of course, made no such claim, but it did say that the pandemic is also exacerbated by conditions of violence and instability. The evidence does not support this either.

In Africa, the area of gravest concern, the countries with the highest prevalence of HIV/AIDS are, without exception, democracies with stable recent histories, either completely or largely free of conflict. The countries in conflict, including those where peacekeeping operations are based or planned, are in fact far less affected. They have frightening problems brought on by conflict, but a higher incidence of AIDS is not among them. There is, in fact, a published study which found that in the Democratic Republic of the Congo, the country that, sadly, has been in the most violent upheaval over the last decade, "HIV prevalence rates have remained relatively unchanged in selected populations despite the political instability and poor environment observed since 1991 in DRC." Even taken with caution, because data may not be either reliable or complete in an area of conflict, this finding shows that there is no organic link between conflict and AIDS.

This should not surprise the Council. In resolution 1308 (2000), it noted the importance of epidemiology, and studies throughout the world, which confirm that HIV/AIDS has spread fastest in peaceful, settled societies, show that it travels rapidly along commercial arteries, such as truck routes; through tourism, particularly the sordid phenomenon of sex tourism; in countries with large concentrations of expatriate workers separated from their families; in societies where it is traditional for teenage girls to have sexual relations with much older men; and through intravenous drug abuse. Almost by definition, these patterns are generally either absent from or cannot coexist with, conditions of violence and instability. Commerce, tourism and expatriate workers all flee from conflict, which also forces changes in traditional patterns of social behaviour.

The Council expressed its concern at the potential damaging impact of HIV/AIDS on, and by implication through, peacekeepers, and asked that they be given training on AIDS issues. The Special Committee on Peacekeeping Operations has recommended pre-deployment orientation on AIDS issues. However, we would find unfortunate the imputation that peacekeepers are either necessarily at risk or carriers of the disease. India has participated in almost every peacekeeping operation, and certainly in every operation set up by the United Nations in Africa. Not one Indian peacekeeper has either arrived in theatre in Africa with HIV/AIDS or left with it. Our soldiers have died in Africa and elsewhere of diseases — most recently in Sierra Leone from a particularly virulent form of cerebral malaria — but not one has died of AIDS. Preventive measures are part of the preparation and discipline that all good peacekeeping forces must have.

Singling out HIV/AIDS awareness for peacekeepers, as the Council has done in its recent resolutions, is not only needless, it presents a misleading picture of the problems that peacekeepers face and must prepare for. If peacekeepers are properly trained and disciplined, AIDS awareness will come, too. If they are not, they and the operation will fail.

We are puzzled, therefore, by the case that the Council is making, but, if it wishes to make a difference, it must take action where it can. Over the last year it has felt it justified to go well beyond its Charter mandate in investigating, and laying down conditions for, the international trade in diamonds in order to root out the trade in blood diamonds, which constitute less than 4 percent of the global trade but help to finance conflicts in Africa. The international trade has cooperated with the Council to prove its bona fides and to help relieve human suffering.

The problem of the treatment of AIDS also boils down to one of trade. A small group of pharmaceutical companies invoke the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to deny affordable medicines to the vast numbers of patients, particularly in Africa, who cannot pay what is charged. Cheaper generic alternatives are available, but TRIPS is used to stop their export. Millions, therefore — far, far more than the numbers killed by conflict diamonds — are being condemned to a painful death through the policies of these pharmaceutical companies.

The massive number of people who will die from AIDS, if they do not get treatment, could indeed create a security problem for several of the Governments most directly concerned. In some of the countries most affected, the young and the middle-aged are being decimated. Societies face the terrible problem of having destitute old people and bereft orphans left saddled with the responsibility of looking after each other.

Societies that have been exemplars of peaceful development could easily slip into turmoil, or conflict, or become vulnerable to others, and indeed the fear is that this is what the looming crisis will produce. This is how we see and understand the reference made by Ambassador Holbrooke this morning to a broadened definition of security which guides our deliberation. If AIDS is a security problem, this is how it will emerge. We appreciate the point made by the Permanent Representative of France, Ambassador Levitte, this morning, concerning the unacceptable pricing of pharmaceutical products from the North that are intended for consumption in the South; and here, the Council can help.

Members of the Council will know that the TRIPS Agreement contains a provision for security exceptions. Article 73 reads, in part,

"Nothing in this Agreement shall be construed:

b) to prevent a Member from taking any action which it considered necessary for the protection of its essential security interests;

(iii) taken in time of war or other emergency in international relations; or

c) to prevent a Member from taking any action in pursuance of its obligations under the United Nations Charter for the maintenance of international peace and security."

I put it to this Council that, if it believes, as it has said, that HIV/AIDS is a threat to international peace and security, it has not only the right but also the duty, bearing in mind its primary responsibility for the maintenance of international peace and security, to rule that article 73 of the TRIPS Agreement must be invoked to urgently provide affordable medicines that help in the treatment of the epidemic.

I have listened with great interest to Under-Secretary General Guéhenno, to Dr. Peter Piot, Executive Director of Joint United Nations Programme on HIV/AIDS, and to members of the Security Council, in particular to Ambassador Richard Holbrooke. My country completely supports the global campaign against this scourge and is determined to work with this campaign and to augment it, cognizant of the importance and gravity of the task. We endorse the stress laid by the Secretary-General on this issue.

In conclusion, Mr. President, may I take this opportunity to wish Ambassador Holbrooke and his family well and all success and distinction in his future endeavours; we have become quite accustomed to such success and distinction. I would be grateful if the delegation of the United States would kindly convey our sincere sentiments of best wishes and goodwill to Ambassador Holbrooke. To say that we will miss him in the United Nations is an understatement.

The President: I will now make a statement in my capacity as Minister for Foreign Affairs of Singapore.

Let me first thank Under-Secretary-General Jean-Marie Guéhenno and Dr. Peter Piot for their informative remarks. They have reminded us that the HIV/AIDS pandemic is a subject that requires urgent action by the international community.

When this subject was first raised in the Security Council one year ago, 33 million people were affected by the HIV/AIDS virus. Today, the latest figures released by the Joint United Nations Programme on HIV/AIDS (UNAIDS) show an increase of 3 million, or a total of 36 million people infected. These are startling statistics. I do not think that it is an exaggeration to describe the HIV/AIDS pandemic as the black death of the new millennium. It is clear that despite our best efforts, more needs to be done.

I therefore applaud the foresight of Ambassador Holbrooke and his pioneering efforts in bringing the HIV/AIDS issue before the Security Council. By raising the political signature of this issue and by encouraging concrete measures to address the problem through resolution 1308 (2000), the Council has sent a clear and unequivocal demonstration of its commitment to the crusade against HIV/AIDS.

After resolution 1308 (2000) was adopted in July last year, some were disappointed that its provisions were voluntary in nature. But we should not underestimate its historic importance. This was the first time the Security Council recognized a health issue as a threat to international peace and security. We are here therefore today to build on this achievement.

There is strong empirical evidence to suggest a nexus between the proliferation of armed conflict and the spread of HIV/AIDS. Populations ravaged and displaced by war are the most vulnerable, as they do not have access to adequate medical treatment. It is

precisely in such conditions that peacekeepers can make a difference. With the correct training in education and prevention of HIV/AIDS, peacekeepers can act as positive agents through playing an advocacy role in conflict areas. In this regard, we welcome the announcement of the memorandum of understanding between the Department of Peacekeeping Operations (DPKO) and UNAIDS to strengthen their cooperation. We also thank DPKO and support their efforts in ensuring that effective pre-deployment orientation and training on HIV/AIDS is given to all United Nations peacekeepers.

A global epidemic requires global solutions. HIV/AIDS does not distinguish between race, creed or nationality. It cannot be dealt with in isolation. The multisectoral approach practised by UNAIDS is the right way forward. We commend the untiring efforts and leadership demonstrated by UNAIDS on this issue. Ultimately, however, the onus falls on national Governments to establish effective strategies to deal with the HIV/AIDS crisis. In the preface of its report on HIV/AIDS, UNAIDS rightly points out that

> "While international political, financial and technical support are important, lowering the incidence and mitigating the epidemic's impact must be a nationally driven agenda."

The fruits of an effective national strategy are plain for all to see. Successes enjoyed by Uganda and Thailand are well documented. Key lessons we can draw include a need for strong political commitment from the highest levels and taking a broad-based approach to implementing preventive measures. It is essential that such best practices are disseminated widely to all countries so that a global rollback of the HIV/AIDS pandemic is made possible.

Singapore is fortunate to have a low incidence of HIV/AIDS infection. Nonetheless, we have made prevention and treatment of the disease a high priority through a comprehensive national AIDS control programme. For example, HIV/AIDS education is given to every student, as well as to all national servicemen who serve in the uniformed services. Stringent measures are undertaken to safeguard the national blood supply. HIV/AIDS patients are given access to subsidized medical treatment and are counselled regularly. The Government also works closely with community groups to promote further training and research activities, to raise awareness of HIV/AIDS and to prevent discrimination against patients and families. At an international level, our health authorities cooperate with the World Health Organization to provide it with regular updates on the HIV/AIDS situation in Singapore.

Prevention, while crucial, is only one side of the coin. Equally important is the proper care and treatment of the 36 million people afflicted with the virus. Access to health care should not be separated from prevention. It is not right that victims in developing countries are denied the same level of health care made available to those from the developed world. When we consider that over 90 per cent of those suffering from HIV/AIDS reside in the developing world, the availability of affordable drugs and treatment must be made a top priority.

We are all aware of the deleterious effects of an HIV/AIDS epidemic on a country's economic capacity. Just as peace and stability in developing countries are threatened by this epidemic, their economic development and potential are also likewise crippled. While the Security Council can play a significant catalytic role in the fight against HIV/AIDS, the multidimensional effects of the epidemic can be represented only by UNAIDS. We therefore view today's debate as only one part of our wider struggle against the proliferation of the disease.

I resume my function as President of the Security Council.

I call on Mr. Guéhenno to respond to any comments raised.

Mr. Guéhenno: I would just like to say how heartened I have been and encouraged by the debate that took place today, and I would like to thank the members of the Council for their supportive statements of the Department of Peacekeeping Operations and of our strengthened cooperation with UNAIDS. Such announcements as the one made by the Minister of International Development of Norway provide a tremendous boost to the efforts of all those in the United Nations system who want to take an ever more active role in the global war against AIDS.

I would also like to say, to borrow Ambassador Holbrooke's own words, that I did not take any of his remarks personally. On the contrary, I consider them as a reflection of the priority that he rightly attaches to the issue of HIV/AIDS, and I welcome the suggestions that

were made. Ambassador Holbrooke can be forceful in his criticism. He has also been effectively forceful in his support of peacekeeping, and for that I would like to put on record that he will enjoy the lasting gratitude of all peacekeepers. I would be grateful to the United States delegation if it would convey to the Ambassador our gratitude.

The President: The Security Council has concluded the present stage of its consideration of the item on its agenda.

The meeting rose at 5.15 p.m.